

<b>Issue Classification</b> 	Application No.	Applicant(s)
	10/631,909	KUHN
	Examiner Linda L Gray	Art Unit 1734

ORIGINAL		CROSS REFERENCE(S)								
CLASS	SUBCLASS	CLASS	249	257	258	264	265	266	268	
INTERNATIONAL CLASSIFICATION		156	270	299						
B 3	2	B	31/00							
C 0	9	J	/02							
B 4	9	C	1/10							
			/							
			/							
(Assistant Examiner) (Date)		Linda L Gray LINDA GRAY PRIMARY EXAMINER (Primary Examiner) 8-30-01 (Date)							Total Claims Allowed: 15	
Legal Instruments Examiner (Date)									O.G. Print Claim(s)	O.G. Print Fig.
									1	11

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.O.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	1		31		61		91
	2		32		62		92
2	3		33		63		93
3	4		34		64		94
4	5		35		65		95
5	6		36		66		96
6	7		37		67		97
	8		38		68		98
7	9		39		69		99
8	10		40		70		100
9	11		41		71		101
10	12		42		72		102
11	13		43		73		103
1	14		44		74		104
13	15		45		75		105
14	16		46		76		106
15	17		47		77		107
	18		48		78		108
	19		49		79		109
	20		50		80		110
	21		51		81		111
	22		52		82		112
	23		53		83		113
	24		54		84		114
	25		55		85		115
	26		56		86		116
	27		57		87		117
	28		58		88		118
	29		59		89		119
	30		60		90		120

MISSING  
CLAIMS  
12

<b>Issue Classification</b>		Application No.	Applicant(s)
		10/631,909	KUHN
		Examiner	Art Unit
		Linda L Gray	1734

ISSUE CLASSIFICATION			
ORIGINAL		CROSS REFERENCE(S)	
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)
156	248	156	249    257    258    264    265    266    268
INTERNATIONAL CLASSIFICATION		156	270    299
B	3	B	31/00
C	0	J	7/02
B	4	C	1/10
			/
			/
(Assistant Examiner) (Date)		<i>Linda L Gray</i> <b>LINDA GRAY</b> <b>PRIMARY EXAMINER</b> (Primary Examiner) <i>8-26-04</i> (Date)	
<i>Jayanna Laiu</i> 9/2/04 (Legal Instruments Examiner) (Date)		Total Claims Allowed: 15 O.G. Print Claim(s) 1 O.G. Print Fig. 11	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	1		31		61		91
	2		32		62		92
2	3		33		63		93
3	4		34		64		94
4	5		35		65		95
5	6		36		66		96
6	7		37		67		97
	8		38		68		98
7	9		39		69		99
8	10		40		70		100
9	11		41		71		101
10	12		42		72		102
11	13		43		73		103
12	14		44		74		104
13	15		45		75		105
14	16		46		76		106
15	17		47		77		107
18			48		78		108
19			49		79		109
20			50		80		110
21			51		81		111
22			52		82		112
23			53		83		113
24			54		84		114
25			55		85		115
26			56		86		116
27			57		87		117
28			58		88		118
29			59		89		119
30			60		90		120